

of a federal notice.

## **UNITED STATES** SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY						
Prefix	Serial					
DATE RECEIVED						
1 /	$\wedge$					

Name of Offering ( check if this is an						
Common Stock			The severier fill			
Filing Under (Check box(es) that apply):	☐ Rule 504 ☐ Rule 505 ☒ Rule	506 Section 4(6				
Type of Filing: New Filing Am	nendment		FEB 1 7 2004			
	A. BASIC IDENTIFICATION DATA					
1. Enter the information requested about the						
Name of Issuer ( check if this is an amount of the GI Company, Inc.	endment and name has changed, and indicate changed	ange.)	0. 181			
Address of Executive Offices 1661 Worcester Road, Framingham, MA	(Number and Street, City, State, Zip Code) 01701	Telephone Number 1-508-628-9225	r (Including Area Code)			
Address of Principal Business Operations (if different from Executive Office)	(Number and Street, City, State, Zip Code)	Telephone Number	r (Including Area Code)			
Brief Description of Business						
Development and marketing of gastro-in	testinal technology.					
Type of Business Organization		_				
corporation	☐ limited partnership, already formed	other (please sp	ecify): limited liability			
_	_		company			
business trust	limited partnership, to be formed		<b>PROCESSED</b>			
	Month Year					
Actual or Estimated Date of Incorporation		Actual Estim	FEB 19 2004			
Jurisdiction of Incorporation of Organizati	ion: (Enter two-letter U.S. Postal Service abbrev CN for Canada; FN for other foreign jurisc	viation for State. D	IE I			
CENEDAY INCEDICATIONS	Civilor Canada, 11v for other foreign jurisc	netion)	THOMSON			
GENERAL INSTRUCTIONS Federal:						
	ing of securities in reliance on an exemption under	Regulation D or Section	4(6), 17 CFR 230,501 et			
seq. or 15 U.S.C. 77d(6).	and or securities in remainer on an enemption and	Transport to the state of the s	(0), 1. 0.1.20000101			
When to file: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S.						
	on the earlier of the date it is received by the SEC					
address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.						
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.						
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.						
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering,						
any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B.						
Part E and the Appendix need not be filed with the SEC.						
Filing Fee: There is no federal filing fee.						
State:						
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have						
adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each						
state where sales are to be, or have been made. If a state requires the payment of a fees as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with the state law. The						
Appendix to the notice constitutes a part of		es in accordance with the	siaic law. THE			
	ATTENTION					

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing

## A. BASIC IDENTIFICATION DATA 2. Enter the cormation requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check box(es) that Apply: Promoter Beneficial Owner Executive Officer ☐ Director Managing Partner Full Name (Last name first, if individual) Nicholas Barker Business or Residence Address (Number and Street, City, State, Zip Code) 1661 Worcester Road, Framingham, MA 01701 Executive Officer Check box(es) that Apply: Promoter Beneficial Owner ☑ Director Managing Partner Full Name (Last name first, if individual) Daniel K. Podolsky, M.D. Business or Residence Address (Number and Street, City, State, Zip Code) 157 Edmonds Road, Wellesley, MA 02181 Check box(es) that Apply: Executive Officer Promoter Beneficial Owner □ Director Managing Partner Full Name (Last name first, if individual) Chung Owyang, M.D. Business or Residence Address (Number and Street, City, State, Zip Code) 3600 Fox Hunt Drive, Ann Arbor, MI 48105 Executive Officer Check box(es) that Apply: Promoter Beneficial Owner □ Director Full Name (Last name first, if individual) Ho Auyang Business or Residence Address (Number and Street, City, State, Zip Code) 21-22/F Spectrum Tower, 53 Hung To Road, Kwong Tong, Kowloon, Hong Kong, P.R.C. Check box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Keen Step Corporation Business or Residence Address (Number and Street, City, State, Zip Code) 21-22/F Spectrum Tower, 53 Hung To Road, Kwong Tong, Kowloon, Hong Kong, P.R.C. Check box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) King Owyang Business or Residence Address (Number and Street, City, State, Zip Code) 66 Encina Ave., Atherton, CA 94027 Executive Officer Director Managing Partner Check box(es) that Apply: Promoter Beneficial Owner Full Name (Last name first, if individual) Michael Wall Business or Residence Address (Number and Street, City, State, Zip Code) 808 Warren Avenue, Malvern, PA 19355 (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				B. INF	ORMATI	ON ABOU	T OFFER	ING_				
											,	Yes No
1. Has the												
			Ans	wer also in	Appendix	, Column 2	, if filing ur	nder ULOE	·•			
2. What is	the minim	um investr	nent that wi	ill be accep	ted from a	ny individu	al?				\$	23.34
											•	Yes No
3. Does th	e offering	permit join	t ownership	of a singl	e unit?	••••••	•••••			•••••		$\boxtimes$
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full Name	(Last nam	ne first, if in	ndividual)						<del></del>			- · · ·
Business o	r Residenc	e Address	(Number a	nd Street, (	City, State,	Zip Code)						
Name of A	ssociated l	Broker or I	Dealer					<u></u>				
States in W	hich Perso	on Listed H	las Solicite	d or Intend	s to Solicit	Purchasers		<u> </u>				
(Check "A	All States"	or check in	ndividual S	tates)			•••••	•••••		•••••	🔲 A	Il States
[AL]	[AK]	[AZ]	[AR]	(CA)	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[AK] [IN]	[AZ]	[KS]	[CA] [KY]	[LA]	[ME]	[MD]	[MA]	[FL] [MI]	[GA] [MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	(OH) [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
Full Name				[1]	[OI]	[4.1]	[AV]	[WA]	[ ( ( ) ( ) ( )	[ [ [ ]	[WI]	11 [1]
· · · · · · · · · · · · · · · · · · ·			·									
Business o	r Residenc	e Address	(Number a	nd Street, (	City, State,	Zip Code)						
Name of A	ssociated l	Broker or I	Dealer									
States in W	hich Perso	on Listed H	las Solicite	d or Intend	s to Solicit	Purchasers	,		<del>-</del>	*	-	
(Check "A	All States"	or check in	ndividual S	tates)	•••••		•••••			••••••	🔲 A	II States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [XT]	[MM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
		ne first, if i			<u>+</u>							
Business or Residence Address (Number and Street, City, State, Zip Code)												
Name of Associated Broker or Dealer												
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers												
(Check "All States" or check individual States)												
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[TV]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
	(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)											

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AN	D USE OF PROCE	EDS
١.	Enter the aggregate offering price of securities included in this offering and the total amount alreaver." If the transaction is an exchange offering, check this box \( \square\$\) and indicate in the columns be exchange and already exchanged.	ady sold. Enter "0" i	f answer is "none" or e securities offered for
		Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	\$ <u>0</u>	_\$ <u>0</u>
	Equity	\$ <u>49.600</u>	\$ 49,600
	⊠ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$ 0	\$ 0
	Other (Specify)	\$ 0	_\$ _0
	Total	\$ <u>49,600</u>	\$ 49,600
	Answer also in Appendix, Column 3, if filing under ULOE.		
٤.	Enter the number of accredited and non-accredited investors who have purchased securities in this of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased stheir purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	Accredited Investors	1	\$ 49,600
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		
3.	Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all secur of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering - Question 1.		
	The company of the co	Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
ŧ.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities solely to organization expenses of the issuer. The information may be given as subject to future consist is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees	tingencies. If the amo	
	Printing and Engraving Costs	$\boxtimes$	\$ 10
	Legal Fees		129
	Accounting Fees		5 0
	Engineering Fees		5 <u>0</u>
	Sales Commissions (specify finders' fees separately)	<u></u>	\$ 0
	Other Expenses (identify) Blue Sky filing fees	<u> </u>	\$ 250
	Total		\$_389

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS							
b. Enter the difference between the aggregate offering Question 1 and total expenses furnished in response to Part "adjusted gross proceeds to the issuer."	C - Question 4.a. This difference is the	\$ <u>49,211</u>					
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.							
	·		Payments to Officers, Directors, & Affiliates	Payments To Others			
Salaries and fees		$\boxtimes$	\$ 2,231	<b>⊠</b> \$ <u>10,661</u>			
Purchase of real estate			\$	<b>\$</b>			
Purchase, rental or leasing and installation of	of machinery and equipment	$\boxtimes$	\$ <u>992</u>	□ \$			
Construction or leasing of plant buildings a	nd facilities	$\boxtimes$	\$ <u>476</u>	<b>S</b>			
Acquisition of other businesses (including to offering that may be used in exchange for the pursuant to a merger)	ne assets or securities of another issuer		\$	<b></b> \$			
Repayment of indebtedness			\$	<b>□</b> \$ <u>2.083</u>			
Working capital		$\boxtimes$	\$ 32,768	<b></b>			
Other (specify):							
			\$	<b>\$</b>			
Column Totals		$\boxtimes$	\$ 36,467	<b>⋈</b> \$ <u>12,744</u>			
Total Payments Listed (column totals added	1)	<b>⋈</b> \$ <u>49.211</u>		211			
D. FEDERAL SIGNATURE							
The issuer has duly caused this notice to be signed by the following signature constitutes an undertaking by the issuequest of its staff, the information furnished by the issuequest of its staff, the information furnished by the issuequest of its staff, the information furnished by the issuequest of its staff, the information furnished by the issuequest of its staff, the information furnished by the issuequest of its staff, the information furnished by the issuequest of its staff, the information furnished by the issuequest of its staff, the information furnished by the issuequest of its staff, the information furnished by the issuequest of its staff, the information furnished by the issuequest of its staff, the information furnished by the issuequest of its staff, the information furnished by the issuequest of its staff.	uer to furnish to the U.S. Securities an	d Ex	change commiss	sion, upon written			
Issuer (Print or Type)	Signature /	$\overline{}$	Date	1-1			
The GI Company, Inc.	JUNIA STATE			19/04			
Name of Signer (Print or Type) Nicholas Barker	Title of Signer (Print or Type) President						